

Public Health Improvement Steering Committee Meeting Summary

Texas Department of Health, Robert E. Moreton Building, M-739

Tuesday, September 24, 2002, 9:00 a.m. – 2:30 p.m.

In Attendance: (name and organization represented)

Steven Barnett, Texans Care for Children

Charles E. Bell, Preparedness Coordinating Council

Robert Bernstein, Texas Health Foundation

Claudia Blackburn and Nick Sciarrini, Texas Association of Local Health Officials

Elise Dixon, Texas Environmental Health Association

Colleen Edwards, Health and Human Services Commission

Bob Galvan, Texas Public Health Training Center

Sue Glover, Texas Association of Counties

John Herbold, Texas Public Health Association

Clair Jordan, Texas Nurses Association

Klaus Kroyer Madsen, Texas Alliance for Healthy Communities

Joey Lozano, Texas Education Agency

Camille Miller, Texas Institute for Health Policy Research

Dina Ortiz (representing Adela Valdez), Health Disparities Task Force

Patti Patterson, Chair, Texas Medical Association Council on Public Health

Ann G. Pauli, Paso Del Norte Health Foundation

Eduardo Sanchez, Texas Department of Health

Welcome

Dr. Eduardo Sanchez, Commissioner of Health, opened the meeting with a brief welcome to all in attendance.

Introduction of Members and the Process

Members introduced themselves and described the organizations they represent. Each member also stated from their own perspective why this process is important for Texas and why it's significant for their organization.

Rick Danko, Director of the Office of Strategic Health Planning, reviewed the State Strategic Health Plan process and clarified the roles and responsibilities of the steering committee members.

Making the Case for Shared Public Health Goals

Dr. Sanchez stated the case for having shared public health improvement goals. His comments included a challenge to steering committee members to envision a new future for public health in Texas.

Examining the Evidence

Using Dr. Sanchez's comments as a starting point for discussion, the steering committee members addressed questions to the commissioner, and had a full discussion of the public health system's need, will, and capacity to change the status quo.

Affirming Consensus and Working Lunch

Bringing the morning's discussion to a close, the each member of the steering committee restated their reasons for supporting the goal setting process and their commitment to participation in this collaborative effort.

Applying Consensus as a Steering Committee to Frame and Support Subcommittees

The final discussion of the day focused on the practical matters of the meeting to be held on October 1 and 2. Donna Nichols and Mary Soto, TDH staff who will be supporting the subcommittee goal-setting process, led this discussion.

Identifying Subcommittees

The steering committee members divided themselves into two subcommittees, based on each members' interest, and identified co-chairs of each subcommittee.

Health Status Subcommittee (supported by Donna Nichols)

Co-Chairs: Patti Patterson and Ann G. Pauli

Members: Eduardo Sanchez, Steven Barnett, Nick Sciarrini, and all public health partners who attend.

Public Health System Subcommittee (supported by Mary Soto)

Co-Chairs: Claudia Blackburn and Klaus Kroyer Madsen

Members: Robert Bernstein, Joey Lozano, Bob Galvan, Clair Jordan, Camille Miller, Sue Glover, Elise Dixon, Adela Valdez, Colleen Edwards, John Herbold, Charles E. Bell, and all public health partners who attend.

Because of the diversity of issues and goals to be addressed, some members of the steering committee plan to send a representative from their organization to sit on the subcommittee they did not select. For example, Claudia Blackburn will co-chair the system subcommittee and Nick Sciarrini will sit on the Health Status subcommittee as a representative from the Texas Association of Local Health Officials (TALHO).

Review of the Agenda and Process Points

Donna Nichols reviewed the agenda for the October 1 and 2 meetings and addressed matters of process. The process will begin by asking all partners in each subcommittee to fill out index cards that identify (from their perspective) the most important public health goals for Texas. These will be reviewed and prioritized by all subcommittee members. By the end of the subcommittee process (noon on 10/2/2002), they will be narrowed down to five-to-seven goals that will be submitted to the steering committee. The steering committee will select the final ten public health improvement goals to be included in the *Texas Declaration for Health*.

Included was a description of the role of the co-chairs as well as the other members of the subcommittees.

- Co-chairs will introduce the topic and scope of work of each subcommittee and initiate the goal setting process. They will lead (with the support of the TDH facilitators) the

goal setting process. Co-chairs will also report back to the full steering committee the proposed goals identified by the subcommittee.

Role of the Ombudsmen

Two people have offered to play the role of ombudsman for this process. Each will work with one of the subcommittees.

- Vickie Hansen will work with the Health Status subcommittee. Ms. Hansen is Executive Director of the National Association of Social Workers – Texas.
- Donna Bowling will work with the System subcommittee. Ms. Bowling is a long-time practicing attorney who is currently working on her Master of Arts in Ethics.

The ombudsmen will serve as neutral parties who will make sure that any dissenting opinions or comments are recorded and addressed. On October 1, from 4:00 – 5:00 pm, and on October 2 from 8:00- 8:30 the ombudsmen will be available for a discussion with the participants to assure that all who desire to provide input have been heard, recorded, and addressed. For both of these meetings, TDH staff will not be in the room.

About the Declaration for Health

The Texas Declaration for Health will be the third part of the Texas State Strategic Health Plan. It will include the 10 measurable goals selected by the steering committee and the commitments from each public health partner organization toward achieving these goals by 2010.

- In the full version of the document, the goals will be listed with the commitment from each partner, including a short statement about each organization, its constituency, its commitment to achieving one or more of the goals, milestones toward those goals by 2010, and any commitments of resources.

About the Commitments from the Public Health Partners

At the close of the meetings on October 1 and 2, each partner will be asked to return to the organizations they represent to identify the activities they'll undertake to help achieve the public health improvement goals. On October 30th, all public health partners will be invited to reconvene to identify their commitment to achieve the goals. If a partner is unable to travel to any of these events, written submissions will be welcomed; it is possible to submit these via the web site for the project: www.tdh.state.tx.us/dpa/sshp.

The goal of the process is to create coordinated partnerships directed at long-term improvements to the public's health. The primary intention for these commitments is to bring together existing resources and create synergy around existing activities. Newer organizations may be ideally suited to develop new initiatives, which may provide the opportunity to shape the direction of their organization in collaboration with the public health system partners. Commitment of financial resources is not expected or required.

If a representative does not have the opportunity to meet with their governing board (or equivalent body) before October 30, 2002, draft commitments will also be welcomed.

About the Commitments from Steering Committee Members

The question was raised about what was expected in terms of commitments from steering committee organizations to support the goals, particularly in light of the fact that some represent multiple organizations.

- The response was given that all levels of the system are invited to identify their contribution to the public health improvement goals. For example, TALHO may make one commitment, while each of the local public health departments that TALHO represents may also make a commitment to the goals. The more inclusive, the better.

Meeting adjourned at 2:30.